

INTERAGENCY REPORTS  
CONTROL NUMBER

0258-GSA-AN

2. EMPLOYEE TRANSPORTATION COORDINATOR

B. TITLE
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D. TELEPHONE NO.

[illegible]

4. FACILITY CHARACTERISTICS			
<b>FACILITY LOCATION</b> <input type="checkbox"/> URBAN AREA <input type="checkbox"/> SUBURBAN AREA <input type="checkbox"/> RURAL AREA		<b>B. IS FACILITY SERVED BY MASS TRANSIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>C. DOES FACILITY PROVIDE PREFERENTIAL PARKING FOR CAR POOLS AND VANPOOLS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES" complete Item D)</i>		<b>D. NO. OF VANPOOL PARKING SPACES ASSIGNED</b> <input type="text"/>	
<b>ARE RIDE MATCHING SERVICES AVAILABLE TO EMPLOYEES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES" complete Item F)</i>		<b>F. WHERE ARE RIDE MATCHING SERVICES BASED?</b> <input type="checkbox"/> AT FACILITY <input type="checkbox"/> COMMUNITY	
<b>G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DESCRIBE PROMOTIONAL EFFORTS AT THE FACILITY</b> <i>(Use reverse if necessary)</i>	

DATE \_\_\_\_\_

# INSTRUCTIONS

ITEM 1. — Enter the facility name and complete street address, including zip code.

ITEM 2A-D. — Enter employee transportation coordinator's name, organization title, employing agency, and work telephone number.

ITEM 3A. — Enter the names of all agencies located at the facility. Common acronyms and abbreviations are acceptable.

ITEM 3B. — Enter the number of fulltime employees at the facility.

ITEM 3C. — Enter the number of employees who commute to work alone in their automobile.

ITEM 3D. — Enter the number of employees who commute to work in a carpool, either as a rider or driver. A carpool is defined as a group of two or more people using a motor vehicle for transportation to and from work.

ITEM 3E. — Enter the number of employees who commute to work in a vanpool, either as a driver or rider. A vanpool is defined as a group of 8 to 15 persons using a van, specifically designed to carry passengers, for transportation to and from work in a single daily round trip.

(Use this space for continuation of items from front of form.)

ITEM 3F. — Enter the number of employees who commute by private, commercially operated, or chartered bus (as opposed to mass transit bus system).

ITEM 3G. — Enter the number of employees who commute by mass transit (public bus system, subway, or commuter train).

ITEM 3H. — Enter the number of employees who commute by means other than listed above, such as walk, bicycle, motorcycle, moped.

ITEM 3I. — Enter the total of columns D thru H.

ITEM 3J. — Enter the facility goal, expressed as the number and percentage of fulltime employees at the facility.

ITEM 4. — Check the appropriate responses or enter information as required.

ITEM 5. — Provide information on the nature and extent of promotional efforts designed to increase the number of employees who use ride-sharing in the commute between home and work. Describe any unique problems at the facility and how they are being solved.